

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: AN ELECTRICAL ACCESSORY

Attorney Docket Number:: 016660-194

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1A

Total Drawing Sheets:: 10

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Wai Hing

Middle Name::

Family Name:: LAI

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Flat A, 2/F., Block 7, Tak Chee Yuen, 88 Tat  
Chee Avenue

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Wing Chung Joseph

Middle Name::

Family Name:: LAU

Name Suffix::

City of Residence:: Pokfulam

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Flat 4325, 25/F., Block 43, Baguio Villa

City of Mailing Address:: Pokfulam

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## **Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

## **Assignee Information**

Assignee Name:: Eastern Sources Housewares (Hong Kong) Limited

Street of Mailing Address:: Unit C, 14/F., Block A, Chung Mei Centre, 15-17 Hing Yip Street, Kwun Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::